Complete Summary

GUIDELINE TITLE

Somatic symptoms: mental health approach and differential diagnosis.

BIBLIOGRAPHIC SOURCE(S)

New York State Department of Health. Somatic symptoms: mental health approach and differential diagnosis. New York (NY): New York State Department of Health; 2008 Nov. 21 p. [27 references]

GUIDELINE STATUS

This is the current release of the guideline.

** REGULATORY ALERT **

FDA WARNING/REGULATORY ALERT

Note from the National Guideline Clearinghouse (NGC): This guideline references a drug(s) for which important revised regulatory and/or warning information has been released.

- May 7, 2009 - AndroGel and Testim (Testosterone gel): The U.S. Food and Drug Administration (FDA) notified healthcare professionals that it will require two prescription topical testosterone gel products, AndroGel 1% and Testim 1%, to include a boxed warning on the products´ labels after receiving reports of adverse effects in children who were inadvertently exposed to testosterone through contact with another person being treated with these products.

COMPLETE SUMMARY CONTENT

SCOPE

DISEASE/CONDITION(S)

- Human immunodeficiency virus (HIV) infection
- Somatic symptoms (e.g., insomnia, pain, fatigue, depression, weight loss, and sexual dysfunction)

GUIDELINE CATEGORY

Diagnosis
Evaluation
Management
Screening
Treatment

CLINICAL SPECIALTY

Allergy and Immunology
Family Practice
Infectious Diseases
Internal Medicine
Nutrition
Obstetrics and Gynecology
Psychiatry
Psychology
Sleep Medicine

INTENDED USERS

Advanced Practice Nurses
Dietitians
Health Care Providers
Nurses
Physician Assistants
Physicians
Psychologists/Non-physician Behavioral Health Clinicians
Public Health Departments

GUIDELINE OBJECTIVE(S)

To address the presentation, effects, and management of somatic symptoms from a mental health perspective that includes discussion of medical causes

TARGET POPULATION

Human immunodeficiency virus (HIV)-infected patients

INTERVENTIONS AND PRACTICES CONSIDERED

Diagnosis/Evaluation/Screening

1. Screening for somatic symptoms using the Patient Health Questionnaire (PHQ-15)
2. Physical examination
3. Laboratory tests including immunologic, virologic, hematologic, and metabolic assessments, and syphilis screening
4. Mental health assessment
5. Substance use assessment

Management/Treatment

1. Management of insomnia
    - Determining etiology of insomnia
    - Nonpharmacologic management (sleep hygiene, behavioral therapy)
    - Pharmacologic treatment (e.g., benzodiazepines, zaleplon, zolpidem, tricyclic antidepressants, melatonin-agonists)
2. Management of pain
    - Determining etiology of pain
    - Patient response to pharmacologic pain treatment
    - Referring patients to a pain management specialist or a psychiatrist if indicated
    - Multidisciplinary approach for the patients with comorbid substance use and mental health disorders
3. Management of fatigue (psychostimulants, continuous positive airway pressure [CPAP], replacement therapy with testosterone)
4. Management of weight loss (psychiatric evaluation, nutritional plan, nutritional supplements)
5. Management of sexual dysfunction
    - Distinguishing between psychological and biological factors of sexual dysfunction
    - Referring patients to mental health services
    - Lifestyle changes
    - Phosphodiesterase inhibitors (PIs), selective serotonin reuptake inhibitors (SSRIs)

MAJOR OUTCOMES CONSIDERED

- Effectiveness of somatic symptom management
- Adverse effects of treatment

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Hand-searches of Published Literature (Primary Sources)
Hand-searches of Published Literature (Secondary Sources)
Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

Not stated

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Expert Consensus (Committee)

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Not applicable

METHODS USED TO ANALYZE THE EVIDENCE

Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Expert Consensus

DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS

AIDS Institute clinical guidelines are developed by distinguished committees of clinicians and others with extensive experience providing care to people with human immunodeficiency virus (HIV) infection. Committees* meet regularly to assess current recommendations and to write and update guidelines in accordance with newly emerging clinical and research developments.

The Committees* rely on evidence to the extent possible in formulating recommendations. When data from randomized clinical trials are not available, Committees rely on developing guidelines based on consensus, balancing the use of new information with sound clinical judgment that results in recommendations that are in the best interest of patients.

* Current committees include:

- Medical Care Criteria Committee
- Committee for the Care of Children and Adolescents with HIV Infection
- Dental Standards of Care Committee
- Mental Health Committee
- Women's Health Committee
- Substance Use Committee

- Physician's Prevention Advisory Committee
- Pharmacy Committee

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

External Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

All guidelines developed by the Committee are externally peer reviewed by at least two experts in that particular area of patient care, which ensures depth and quality of the guidelines.

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

Screening for Somatic Symptoms

Clinicians should assess for new somatic symptoms at each visit with direct questions that elicit accurate responses from patients.

Refer to the original guideline document for the Patient Health Questionnaire 15-Item Somatic Symptom Severity Scale (PHQ-15) that details symptoms that account for 90% of somatic symptoms encountered in the primary care setting.

Assessment, Diagnosis, and Management

Clinicians should:

- Assess for common medical and mental health disorders associated with somatic symptoms when patients present with somatic complaints (see the Table below)
- Review and update medication lists to identify possible drug-drug interactions or side effects that may be responsible for somatic symptoms

Clinicians should treat both the underlying cause of the somatic symptoms and the symptoms themselves.

Clinicians should refer patients to a psychiatrist or clinical psychologist when:

- The cause of the somatic complaints cannot be fully explained by comprehensive diagnostic tests
- There is significant mental distress in response to the symptoms, regardless of whether an underlying cause has been identified

Key Point:

Identification of a medical disorder does not exclude the existence of a mental health or substance use disorder. Poor physical health is frequently accompanied by a mental health disorder, particularly depression.

Â

Table. Assessment for Disorders Associated with Somatic Symptoms	
Medical Assessment	
Physical examination	• Refer to Primary Care Approach to the HIV-Infected Patient: Table 2. HIV-Related Physical Examination
Laboratory Assessment	
Immunologic and virologic assessment	• CD4 count • Viral load • Significant decline in immune function and high levels of viremia are often associated with somatic complaints
Hematologic assessment	• Neutropenia and anemia can be detected by complete blood count with a differential
Metabolic assessment	• Muscle enzyme elevations • Abnormal hormonal levels (especially testosterone levels) • Electrolyte imbalances • Liver enzyme elevations • Thyroid dysfunction • Vitamin deficiencies, including B_{12} and folate
Syphilis screening	• Syphilis screening can help identify acute versus latent infection • Acute syphilitic meningitis, as well as neurosyphilis, may result in physical or mental (or both) symptoms
Mental Health and Substance Use Assessment	

Mental health assessment	• Assess for the following:
	  • Cognitive impairment
	  • Depression
	  • Anxiety
	  • Sleep habits

Table. Assessment for Disorders Associated with Somatic Symptoms	
	• Appetite • Post-traumatic stress disorder • Psychosocial status • Suicidal/violent ideation • Past psychiatric history, including diagnoses, hospitalizations, and psychotropic medications

Substance use assessment	• Types of drugs; past and current use
	  • Street drugs—marijuana, cocaine, heroin, methamphetamine, MDMA/ecstasy
	  • Illicit use of prescription drugs
	  • Alcohol
	  • Tobacco
	  • Frequency of use and usual route of administrationÂ
	• Risk behaviors—Drug/needle sharing, exchanging sex for drugs, sexual risk-taking while under the influence of drugs or alcohol
	• Toxicology screening (with the patient's consent) may detect acute intoxication, addiction, or withdrawal Â

Insomnia

Assessment and Diagnosis

Clinicians should ask patients at routine monitoring visits about quality of sleep and difficulty initiating or maintaining sleep.

Clinicians should determine whether a patient's insomnia is acute, chronic, primary, or secondary.

Management

Nonpharmacologic Treatment

Clinicians should use nonpharmacologic approaches for treating insomnia before prescribing medications.

Clinicians should discuss sleep hygiene with patients with insomnia (see Table 3 in the original guideline document for strategies to improve sleep).

Pharmacologic Treatment

Medications that have narrow therapeutic ranges and potential for abuse, including barbiturates, chloral hydrate, and meprobamate, should not be used as first-line agents for treating insomnia.

Antidepressants

Clinicians who prescribe tricyclic antidepressants to induce sleep should obtain routine blood levels in patients receiving long-term treatment. Assessment of blood levels may not be necessary for patients without liver disease who are receiving low doses of these agents.

Clinicians should perform a routine electrocardiogram before prescribing tricyclic antidepressants and should not prescribe this class of drugs to patients with cardiac conduction problems.

Melatonin and Melatonin-Agonist Drugs

Clinicians should advise patients of the potential side effects, particularly severe hypersensitivity reactions such as anaphylaxis and angioedema, of melatonin and melatonin-agonist therapy.

Pain

Assessment and Diagnosis

Clinicians should have a heightened awareness of pain among human immunodeficiency virus (HIV)-infected patients and should ask patients about pain at each visit.

Clinicians should assess for fatigue and mental health disorders in patients with chronic pain.

Refer to Table 5 in the original guideline document for differential diagnosis for patients with pain.

Management

Clinicians should consider referring patients with chronic pain to a pain management specialist or consider consulting with a specialist during management.

Pain, Fatigue, and Depression

Clinicians should refer patients to a psychiatrist when there is concern that an active mental health disorder is complicating the management of pain.

Pain in Substance Users

Clinicians should not deny patients treatment of pain because of a history of addiction.

Fatigue

Assessment and Diagnosis

Clinicians should maintain a high level of suspicion for depression in patients presenting with fatigue.

Management

Clinicians should use caution when prescribing psychostimulants for fatigue.

Possible medical, medication-related, and mental health etiologies for fatigue are listed in Table 7 of the original guideline document.

Appetite and Weight Loss

Assessment and Diagnosis

Clinicians should refer patients with depression that is associated with significant weight loss, anorexia symptoms, and psychomotor retardation for psychiatric evaluation.

Sexual Dysfunction

Assessment and Diagnosis

Clinicians should assess for sexual dysfunction in HIV-infected patients by inquiring about types, patterns, and frequency of sexual behaviors.

Clinicians should attempt to distinguish between the potential psychological and biological factors of sexual dysfunction.

Clinicians should refer patients with potentially dangerous sexual behavior to mental health services or a program with appropriate expertise when possible.

Management

Clinicians should establish a treatment plan for sexual dysfunction after determining the patient's specific symptoms and/or any known underlying factors.

CLINICAL ALGORITHM(S)

None provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of supporting evidence is not specifically stated for each recommendation.

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

Appropriate diagnosis and management of somatic symptoms in human immunodeficiency virus (HIV)-infected patients

POTENTIAL HARMS

Adverse Effects of Medications

- *Barbiturates, chloral hydrate, and meprobamate* should be prescribed with caution because patients may develop tolerance within a short period of time, and withdrawal symptoms may be severe.
- *Benzodiazepines* may have addiction potential and are associated with residual drowsiness.
- The newer hypnotic agents, *zaleplon (Sonata), zolpidem (Ambien), and eszopiclone (Lunesta)* may have decreased addiction potential compared with older agents.
- Potential adverse effects of *tricyclic antidepressants* include cardiac dysrhythmias and pulmonary complications.
- *Trazodone* levels are increased by protease inhibitors (PIs), especially when they are boosted; therefore, lower doses of trazodone should be used in patients receiving PIs. Trazodone may cause priapism, but the incidence is low.
- *Antihistamines* are associated with daytime drowsiness, diminished daytime cognitive abilities, and uncomfortable anticholinergic effects.
- Patients should be cautioned about potentially severe adverse reactions of *melatonin and melatonin-agonist drugs*, including hypersensitivity reactions such as anaphylaxis and angioedema. Importantly, long-term interactions with antiretroviral (ARV) agents are unknown at this time.
- Clinicians should use caution when prescribing *psychostimulants* for fatigue. *Modafinil*, a non-amphetamine-derived psychostimulant, may have less abuse potential than traditional psychostimulants.
- *Selective serotonin reuptake inhibitors (SSRIs*) and many other psychotropic medications have side effects that can interfere with sexual function.
- Special consideration is required when prescribing *phosphodiesterase inhibitors* to patients receiving treatment with alfa-blockers because of the risk of a sudden decrease in blood pressure when the drugs are taken within a short time of one another (within approximately 4 hours). Dosing considerations are also necessary when erectile dysfunction medications are used with ARV therapy.

CONTRAINDICATIONS

CONTRAINDICATIONS

- *Tricyclic antidepressants* should not be prescribed to patients with cardiac conduction problems.

- Contraindications for *phosphodiesterase inhibitors* include concomitant treatment with nitrate-based drugs, hypotension, cardiovascular risk factors, and severe hepatic and renal impairment.

Refer to Interactions Between HIV-Related Medications And Psychotropic Medications: Indications And Contraindications for more information.

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

The AIDS Institute's Office of the Medical Director directly oversees the development, publication, dissemination and implementation of clinical practice guidelines, in collaboration with The Johns Hopkins University, Division of Infectious Diseases. These guidelines address the medical management of adults, adolescents and children with human immunodeficiency virus (HIV) infection; primary and secondary prevention in medical settings; and include informational brochures for care providers and the public.

Guidelines Dissemination

Guidelines are disseminated to clinicians, support service providers and consumers through mass mailings and numerous AIDS Institute-sponsored educational programs. Distribution methods include the HIV Clinical Resource website, the Clinical Education Initiative, the AIDS Educational Training Centers (AETC) and the HIV/AIDS Materials Initiative. Printed copies of clinical guidelines are available for order from the New York State Department of Health (NYSDOH) Distribution Center for providers who lack internet access.

Guidelines Implementation

The HIV Clinical Guidelines Program works with other programs in the AIDS Institute to promote adoption of guidelines. Clinicians, for example, are targeted through the Clinical Education Initiative (CEI) and the AETC. The CEI provides tailored educational programming on site for health care providers on important topics in HIV care, including those addressed by the HIV Clinical Guidelines Program. The AETC provides conferences, grand rounds and other programs that cover topics contained in AIDS Institute guidelines.

Support service providers are targeted through the HIV Education and Training initiative which provides training on important HIV topics to non-physician health and human services providers. Education is carried out across the State as well as through video conferencing and audio conferencing.

The HIV Clinical Guidelines Program also works in a coordinated manner with the HIV Quality of Care Program to promote implementation of HIV guidelines in New York State. By developing quality indicators based on the guidelines, the AIDS Institute has created a mechanism for measurement of performance that allows providers and consumers to know to what extent specific guidelines have been implemented.

Finally, best practices booklets are developed through the HIV Clinical Guidelines Program. These contain practical solutions to common problems related to access, delivery or coordination of care, in an effort to ensure that HIV guidelines are implemented and that patients receive the highest level of HIV care possible.

IMPLEMENTATION TOOLS

Personal Digital Assistant (PDA) Downloads

For information about availability, see the "Availability of Companion Documents" and "Patient Resources" fields below.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Getting Better
Living with Illness
Staying Healthy

IOM DOMAIN

Effectiveness
Patient-centeredness

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

New York State Department of Health. Somatic symptoms: mental health approach and differential diagnosis. New York (NY): New York State Department of Health; 2008 Nov. 21 p. [27 references]

ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

2008 Nov

GUIDELINE DEVELOPER(S)

New York State Department of Health - State/Local Government Agency [U.S.]

SOURCE(S) OF FUNDING

New York State Department of Health

GUIDELINE COMMITTEE

Mental Health Committee

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FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

GUIDELINE STATUS

This is the current release of the guideline.

GUIDELINE AVAILABILITY

Electronic copies: Available from the New York State Department of Health AIDS Institute Web site.

AVAILABILITY OF COMPANION DOCUMENTS

This guideline is available as a Personal Digital Assistant (PDA) download from the New York State Department of Health AIDS Institute Web site.

PATIENT RESOURCES

None available

NGC STATUS

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Date Modified: 3/1/2010